PTOISE/OS (08-03)
Approved for use through 7/31/2008, OMB 0651-0032
U.S. Patiest and Tradoment Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a solid flags

PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Hamber		
Substitute for Form PTO-875									10/	10275	87
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SWALL ENTITY		OR .	OTHER THAN OR SMALL ENTITY	
FOR NUMBER FILED			MUMBER EXTRA			RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(4))							!	CR		:270	
TOTAL CLASUS OF CFR 1.16(c) 17 aires 20 -						1	x 5		OR	×4	1
	NOENT CLAN	5 1	cinus 3			1	× 5•		OR	×886 -	86.00
MAATIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(41))							+8=		'OR	+8	
*If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		CR	TOTAL	85600
CLAIMS AS AMENDED - PART II											
11-14-05 (Column 1) (Column 2) (Column 3)							SWALI	ENTITY	OR		R THAN ENTITY
A)	700	CLAIMS REMARING AFTER		HIGHEST HUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADOI- TIONAL PEE		RATE	ADDI- TIONAL FEE
MENT	Total on useg	AMENDMENT	Minus	PAID FOR	75		x s=	nee	OR	X &=	
EN EN	dependent CFR LMPQ	.7	Minus	-4	-0	1	x \$c		OR	xs=	Δ
FERST PRESENTATION OF MALTIPLE DEPENDENT CLAM (27 CFR 1.10(m))						1	+4 .	•	OR	+5=	$X \setminus X$
							TOTAL		OR.	TOTAL ADDYL FEE	7
0-15-15							- ADDIL PEE	L	, ~	ADUCTEE	
4	<u> </u>	(Column 1) CLAMS		(Column 2) HigHEST	(Column 3)	1			1		1000
ENT B		REMAINING AFTER AMERICAJENT		NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE .	ADDI- TIONAL FEE		RATE	ADON TIONAL >
	Total CFR LIES	17	Minus	-20	- /	1	× 5	·	OR	×4=	
BENDWE	dependent CFH LNDO	• 4	Minus	-4	-/	1	x s=	•	OR	X8	U
FREST PRESENTATION OF MULTIPLE CEPHENDERT CLASM (27 CFR 1.1942)						1	+8=		OR	+=	u
							TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											3
ENTC		CLAIMS REMANING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIGNAL FEE
T	Total CPR LMbd	12	Manue	20	-	1	× 5		OR	×8	
	dependent CFR LMQQ	· 1/_	Minus	- 4	•	1	× \$ =		OR	x 8o	ES
PORT PRESENTATION OF MALTIPLE DEPENDENT CLAIM (SF CFR 1.1400)							+3=		OR	+8 •	
					•	-	TOTAL ADOL FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "V" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
				Total or ladeans	بأملط عباته جا كالمحمة	-	and break to	the ecosocie	de foot in c	course 1.	

The "Highest Number Proviously Paid For" (Total or independent) in the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inclinidual case, Any comments in the amount of time you require to complete this form entitor suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Patient on the amount of College Information of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patertia, P.O. Box 1450, Alexandria, VA 22313-1450.